

**VOLUNTARY SPOUSAL SUPPORT
DEDUCTION/AUTHORIZATION**

STD. 459 (REV. 4-90)

**Do not attempt to complete this form before reading instructions on reverse.
Please type or use ball point pen. Print clearly.**

1. TYPE OF ACTION (Check One) <input type="checkbox"/> NEW ENROLLMENT <input type="checkbox"/> CHANGE <input type="checkbox"/> CANCELLATION		2. SOCIAL SECURITY NUMBER ____ - ____ - ____	3. NAME (First, Middle Initial, Last) _____
4. EFFECTIVE DATE (Month) (Year) ____/____/____	5. DEDUCTION AMOUNT PER PAY PERIOD \$ _____ . ____	6. ADMINISTRATIVE FEE \$1.25	

REQUIRED EMPLOYEE AUTHORIZATION/HOLD HARMLESS

I hereby authorize deduction from my salary or wages as indicated above for the purpose of payment of spousal support. The deduction herein authorized shall continue to be made each pay period when the amount of pay is sufficient after making other deductions authorized or required until: A) termination of my employment; B) cancellation of this authorization by submitting form STD. 459; or C) termination of this deduction agreement. Any amount of my salary or wages which is not sufficient to make payment as specified above shall be refunded to me. Also, I agree that I will not hold the State of California liable for spousal support payments which are either delayed or that the payee does not receive.

7. EMPLOYEE SIGNATURE 	DATE ____/____/____
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PAYEE DATA - WARRANT TO BE MADE PAYABLE TO

CASE NO.	V S S
8. PAYEE NAME	
9. PAYEE NAME/ADDRESS	
10. STREET ADDRESS OR P. O. BOX	
11. CITY, STATE, ZIP CODE	

REQUIRED PAYEE AUTHORIZATION/HOLD HARMLESS

I hereby understand and accept the conditions described in the Required Employee Authorization/Hold Harmless Statement, and agree that I will not hold the State of California liable for spousal support payments which are either delayed or that I do not receive.


12. PAYEE SIGNATURE 	DATE ____/____/____
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FOR PERSONNEL USE ONLY

13. AGENCY NAME _____	14. AGENCY CODE ____	15. UNIT CODE ____
16. PAY FREQUENCY (Check One) <input type="checkbox"/> MONTHLY <input type="checkbox"/> SEMI-MONTHLY <input type="checkbox"/> BIWEEKLY		

AGENCY AUTHORIZATION

Il hereby certify under penalty of perjury as follows: That I am the duly appointed, qualified and acting officer of the herein named agency and that I am authorized to make this certification; that the employee named herein is eligible for enrollment in the State Voluntary Spousal Support program.

17. AUTHORIZED SIGNATURE 	DATE ____/____/____	18. TELEPHONE NUMBER (Indicate if ATSS or give Area Code) ____-____-____
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PRIVACY NOTICE

The Information Practices Act of 1977 (Civil Code Section 1798.17) and the Federal Privacy Act (Public Law 93-579) require that this notice be provided when collecting personal information from individuals. Information requested on this form is required by the State Controller's Office to effect processing of the spousal support deduction. Failure to provide mandatory information may result in the requested deduction not being processed, or being processed incorrectly. The State Controller's Office requires the employee's social security number and name for identification purposes. Legal references authorizing maintenance of this information include Government Code Sections 1151, 1153 and 12470-12475. Copies of the Voluntary Spousal Support Deduction/Authorization form are maintained in confidential files of the State Controller's Office for five years. Employees have the right of access to copies of their Voluntary Spousal Support Deduction/Authorization forms upon request. The official responsible for maintenance of the form is: Chief, Personnel/Payroll Operations Branch, State Controller's Office, P.O. Box 942850, Sacramento, CA 94250-5878, Telephone Number (916) 322-8104.

**VOLUNTARY SPOUSAL SUPPORT
DEDUCTION/AUTHORIZATION**

STD. 459 (REV. 4-90) (REVERSE)

**INSTRUCTIONS FOR COMPLETING
VOLUNTARY SPOUSAL SUPPORT DEDUCTION/AUTHORIZATION FORM (STD. 459)**

The STD. 459 must be used to authorize payroll deductions for spousal support deductions and to make changes in existing authorizations.

AN EMPLOYEE MAY HAVE ONLY ONE DEDUCTION FOR SPOUSAL SUPPORT.

The STD. 459 must be prepared in quadruplicate. Type or print all information. Secure required signatures and dates. The white and canary copies must be sent to the State Controller's Office, Personnel/Payroll Services Division. The agency personnel or payroll office retains the pink copy and the employee retains the goldenrod copy.

NAME.

1. Place a check mark in the appropriate box for TYPE OF ACTION. Check ONLY one box.

New Enrollment - Complete items 1 through 12.

Change - ONLY changes to: A) DEDUCTION AMOUNT, or B) PAYEE ADDRESS can be processed by a change transaction.

A) To change the DEDUCTION AMOUNT, complete items 1 through 7.

B) To change the PAYEE ADDRESS, complete items 1-11.

Cancellation - CHECK THIS BOX IF YOU - A) are designating a new PAYEE, or B) wish to cancel this deduction.

A) To designate a new PAYEE, two (2) forms STD. 459 must be completed. One to cancel the original authorization, another to add (as a NEW ENROLLMENT) the new payee.

B) To cancel this deduction, complete items 1-5 and 7.

2. Enter your SOCIAL SECURITY NUMBER.

3. Enter your FIRST and MIDDLE INITIALS, and your LAST

4. Enter the EFFECTIVE DATE (MONTH AND YEAR) in which you would like the spousal support payment to begin or end. The enrollment form must be received in the State Controller's Office prior to the month (pay period) in which the deduction is to begin or end. No retroactive deductions will be processed.

5. Enter the exact amount in DOLLARS and CENTS authorized for this deduction.

6. NOTICE: In addition to the payment deduction amount, the State Controller's Office assesses an administrative fee of \$1.25 per pay period for spousal support deductions.

7. Sign and date to authorize the deduction. ANY ADJUSTMENTS/CORRECTIONS TO THE AUTHORIZATION/HOLD HARMLESS STATEMENT WILL BE CAUSE FOR REJECTION OF THIS AUTHORIZATION FORM.

- 8-11.

Complete PAYEE name and address, placing one character in each box. "PAYEE" means the person to whom the spousal support is to be paid.

12. You are required to obtain the signature/date of the payee intended to receive the spousal support payment. ANY ADJUSTMENTS/CORRECTIONS TO THE AUTHORIZATION/HOLD HARMLESS STATEMENT WILL BE CAUSE FOR REJECTION OF THIS AUTHORIZATION FORM.

**FORWARD THE COMPLETED FORM
TO YOUR PERSONNEL/PAYROLL OFFICE
FOR COMPLETION OF ITEMS 13 - 18.**